# CONTRACT #19 RFS # 318.66-032

Department of F&A Bureau of TennCare

VENDOR:
Preferred Health Plan

### REQUEST: NON-COMPETITIVE AMENDMENT

### **RECEIVED**

JUN 0 9 2006

### FISCAL REVIEW

APPROVED	!
Commissioner of Finance & Administration	
Date:	

A REQUEST CAN NOT B	s below indicates specific info BE CONSIDERED IF INFORMAT CH OF THE REQUIREMENTS II	ION PROVIDE	nust be individually detailed or addi D IS INCOMPLETE, NON-RESPONS AS REQUIRED.	ressed <u>as required</u> . IVE, OR DOES NOT			
<b>RFS #</b> 318.66-0	32						
STATE AGENCY NAME:	Department of Finance and	Administratio	n, Bureau of TennCare				
SERVICE CAPTION:	Managed Care Organization Services/Medically Necessary Health Care Services to the TennCare/Medicaid Population						
CONTRACT#	FA-02-14863-00		PROPOSED AMENDMENT #	10			
CONTRACTOR:	Preferred Health Plan						
CONTRACT START DATE		July 1, 2001	I				
CURRENT, LATEST POSS (including ALL options to ext		12/31/2006					
CURRENT MAXIMUM LIAE	BILITY:	\$1,284,647	,527.67				
LATEST POSSIBLE END D (including ALL options to ex	DATE <u>WITH</u> PROPOSED AMI tend)	ENDMENT:	12/31/2006				
TOTAL MAXIMUM COST M (including ALL options to ex	VITH PROPOSED AMENDMI fend)	ENT:	\$1,308,000,470.00				
APPROVAL CRITERIA : (select one)	use of Non-Competit	tive Negotiat	ion is in the best interest of the	state			
	only one uniquely qu	ualified servi	ce provider able to provide the	service			
ADDITIONAL REQUIRED	REQUEST DETAILS BELOW	/ (address ea	sch item immediately following the	requirement text)			
(1) description of the prop	posed additional service an	d amendmer	nt effects ;				

This amendment provides modifications to MCO language including: (1) Faud and Abuse clarification regarding MCOs investigative work in conjunction with the Office of Inspector General; (2) Redefine targets to move away from trends and provide consistent benchmarks among MCOs, including increasing EPSDT benchmark to 80; (3) Modify Credentialing to 30 day performance standard from receipt of completed application for reviewing and loading into system; add LD for non-compliance; (4) Revise Liquidated Damages to add specific LDs, clarify language of compliance with notice requirements vs. appeals, and provide consistency with Middle TN RFP Pro Forma; (5) Update benefit package to reflect current requirements for July 1 including soft limits and cost effective use of Chiropractic services; (6) Update Appeal language to reflect recent Grier filings; (7) Revise provider payment requirement to reflect current operations, TPL, Utilization Summaries and 1099; (8) Make revisions for consistency throughout the Agreement, including EPSDT, Provider Agreement, and Reporting; and (9) Provide funding to continue services for additional six month period.
(2) explanation of need for the proposed amendment:
This amendment is needed to make above modifications as well as provide funding for additional six month period.
(3) name and address of the proposed contractor's principal owner(s):  (not required if proposed contractor is a state education institution)
1420 Centerpoint Blvd., Knoxville, TN 37932
(4) documentation of OIR endorsement of the Non-Competitive procurement request : (required only if the subject service involves information technology)
select one: Documentation Not Applicable to this Request Documentation Attached to this Request
(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request : (required only if the subject service involves training for state employees)
select one: Documentation Not Applicable to this Request Documentation Attached to this Request
(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation:
This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.
(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment
The Bureau of TennCare is currently modifying all of the MCO contracts to provide specific language changes for clarity and compliance with current changes in the TennCare program. These MCO contracts provide necessary Health Care Services to the TennCare/Medicaid Population and TennCare would greatly appreciate approval by the Commissioner of F&A.
AGENCY HEAD REQUEST SIGNATURE:  (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)
SIGNATURE DATE

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2003	\$ 83,013,699.12	\$ 150,598,884.55		<del>                                     </del>	\$	233,612,583.67
2004		\$ 165,451,350.00		<u> </u>	\$	262,778,200.00
2006		\$ 165,451,350.00	•		\$	262,778,200.00
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JAN 0 9 2006 FISCAL REVIEW

# REQUEST: NON-COMPETITIVE AMENDMENT

APPR	OVED				
Comr	nissloner of	Finance &	Administ	ration	
Date:		detailed or ad		required.	

Each of the request item	ns below indicates specific information that <u>must</u> be individually detailed or addressed <u>as required.</u> BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT
CLEARLY ADDRESS EA	ACH OF THE REGUIREMENTS INDIVIDUALLY
STATE AGENCY NAME	Deparatment of Finance and Administration, Bureau of TennCare
SERVICE CAPTION;	Managed Care Organization Services/Medically Necessary Health Care Services to the TennCare/Medicaid Population
CONTRACT#	FA-02-14863-00 PROPOSED AMENDMENT # 7
CONTRACTOR:	Preferred Health Plan
CONTRACT START DATE	July 1, 2001
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(including ALL options to e)	and Manager and the control of the c
TOTAL MAXIMUM COST (including ALL options to e	WITH PROPOSED AMENDMENT \$1,284,647,527.67 xtend):
APPROVAL CRITERIA : (selectione)	use of Non-Competitive Negotiation is in the best interest of the state
	only one uniquely qualified service provider able to provide the service
ADDITIONAL REQUIRED	REQUEST DETAILS BELOW (address each item immediately following the requirement text)
(1) description of the pro-	oposed additional service and amendment effects.  Reform language as approved by CMS and the courts; Requires NCQA accrediation; strengthens conflict aments; strengthens MCQ financial requirements; lowers the administrative fee to mirror TennCare Select;
as well as various other ho	ousekeeping issues involving language clarifications.

(2) explanation of need for the proposed amendment:
Due to TennCare changes recently approved by CMS and courts, it is necessary to amend the MCO contracts to conform to changes as well as providing needed amended financial requirements and language clarifications.
(3) name and address of the proposed contractor's principal owner(s):  (not required if proposed contractor is a state education institution)
1420 Centerpoint Blvd., Knoxville, TN 37932
(4) documentation of OIR endorsement of the Non-Competitive procurement request:  (required only if the subject service involves information technology)
select one: Documentation Not Applicable to this Request Documentation Attached to this Request
(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request (required only if the subject service involves training for state employees)
select one: Documentation Not Applicable to this Request Documentation Attached to this Request
(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation:
This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.
(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment:
The Bureau of TennCare is attempting to modify all of the MCO contracts to conform to recent changes in the Program. This amendment will allow continuation of services to the enrollees and further clarify their responsibilities, as well as modify financial administration requirements. TennCare would greatly appreciate the approval of this amendment by the Department of Finance and Administration.
AGENCY HEAD REQUEST SIGNATURE:  (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)  SIGNATURE DATE:

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2007	\$ 467,938,070.12	\$ 818,708,457.65			\$	1,284,847,527,6
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PREFERRED	HEALTH PLAN	•		H c.		·	
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2004	\$ 83,013,699.12	\$ 150,598,884.55			\$	233,612,583.67	
2005	\$ 83,013,699.12	\$ 150,598,884.55			\$	233,612,583.67	
2006	\$ 41,506,849,56	\$ 75,299,442.28			\$	116,806,291.83	
	\$351,434,418.79	\$ 626,686,484.38			5	978,120,903.17	
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MANAGEMENT SERVICES

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### PREFERRED HEALTH PLAN		318.66-032				FA-02-14863-04				
### PREFERRED HEALTH PLAN		Department of Finance and Administration						Bureau of Tehn	Care	
### PREFERRED HEALTH PLAN  ### August 1										
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population  12/31/2005  12/31/2005  12/31/2005  12/31/2005  12/31/2005  13/4.49	PREFERRED F	EALTH PLAN								•
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